

ATTORNEY FEE VOUCHER

Cause Number	Offense	<input type="checkbox"/> 12 th	<input type="checkbox"/> Walker
		<input type="checkbox"/> 278 th	<input type="checkbox"/> Madison
		<input type="checkbox"/> Trial-Jury	<input type="checkbox"/> Dismissed
		<input type="checkbox"/> Trial-Court	<input type="checkbox"/> Rejected
		<input type="checkbox"/> Plea	<input type="checkbox"/> Hired Atty
		<input type="checkbox"/> Open Plea	<input type="checkbox"/> Withdrawal

In the case of: _____

<input type="checkbox"/> Felony	<input type="checkbox"/> Felony MTR/MTA	<input type="checkbox"/> Felony SPU	<input type="checkbox"/> Felony Appeal	<input type="checkbox"/> Capital Case
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Attorney (Full Name)		Attorney Address (Include Law Firm Name if Applicable)	Telephone
State Bar Number	Tax ID Number		Fax

Flat Fee – Court Appointed Services			Total Flat Fee \$
<input type="checkbox"/>	First Degree/Second Degree Plea/Dismissal	\$1,750	
<input type="checkbox"/>	Third Degree/State Jail Plea/Dismissal	\$1,000	
<input type="checkbox"/>	Additional Cases	_____ quantity \$100 per charge/count	
<input type="checkbox"/>	Declined/Rejected Cases	_____ quantity \$100 per charge/count	
<input type="checkbox"/>	Bilingual Attorney Stipend	\$100	
<input type="checkbox"/>	Trial/Hearing Preparation	_____ hours \$90 per hour (detail attached)	
<input type="checkbox"/>	Jury or Bench Trial/Contested Hearing Appearance	_____ hours \$90 per hour (detail attached)	
<input type="checkbox"/>	Appeal	_____ hours \$90 per hour (detail attached)	
In Court Services (attach detailed billing) _____ hours \$ _____ per hour			Total In Court Services \$
Out of Court Services (attach detailed billing) _____ hours \$ _____ per hour			Total Out of Court Services \$
Investigator/Expert/Other Expenses			Total Expenses \$
Prior approval by Court: <input type="checkbox"/> yes <input type="checkbox"/> no			
Prior approval by Court: <input type="checkbox"/> yes <input type="checkbox"/> no			

Time Period of service Rendered: From _____ to _____
Date Date

Additional Comments	Total Compensation and Expenses Claimed
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Attorney Certification – I, the undersigned attorney, certify that the above information is true and correct and in accordance with the laws of the State of Texas. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel.

☐ Final Payment ☐ Partial Payment

Signature Date

SIGNATURE OF PRESIDING JUDGE:	Date:	Amount Approved:

Reason(s) for Denial or Variation